

16235 U.S. PTO  
07/18/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants

Mark C. Doyle

Title

PASSIVE NEEDLE GUARD FOR SYRINGES

Docket No. 706737.4007

Customer No. 34313

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL

1. Type of Application

This new application is for a(n)  
 Original (non provisional)  
 Design  
 Plant

2.  Applicant claims small entity status. See 37 CFR 1.27

3.  Specification, including Description, Claims and Abstract (Total Page: 63)

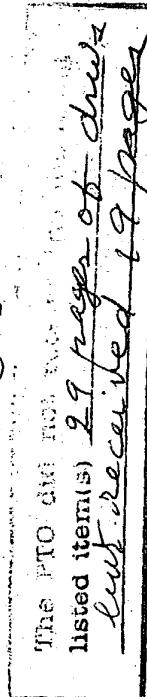
4.  Drawing(s) (35 USC 113) (Total sheets 29)

5. Oath or Declaration

a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  
i.  Deletion of Inventors (Signed statement attached deleting inventors(s) named in the prior application.) See 37 CFR 1.63(d)(2) and 133 (b).

6.  Application Data Sheet. See 37 CFR 1.76

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)



CERTIFICATE OF MAILING  
37 CFR §1.10

Date: July 18, 2003

Express Mailing Label No.: EV252422999US

I hereby certify that on the dated listed above, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service in accordance with 37 C.F.R. § 1.10 as "Express Mail Post Office to Addressee," with sufficient postage in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Jodie Davis*  
Signature of Person Mailing Document  
DOCSC11401031

Applicant : Mark C. Doyle  
Docket No. : 706737.4007

8.  Nucleotide and/or Amino Acid Sequence Submission (if application, all necessary)  
a.  Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i.  CD-ROM or CD-R (2 copies); or  
ii.  Paper  
c.  Statement verifying identity of above copies

9.  A copy of the original assignment assignment of the invention to Safety Syringes, Inc.  
 is attached. A separate  "COVERSHEET FOR ASSIGNMENT  
(DOCUMENT) ACCOMPANYING NEW PATENT APPLICATION" or  FORM  
PTO 1595 is also attached.  
 will follow.

10.  37 CFR 3.73(b) Statement (when there is an assignee) (Power of Attorney by Assignee)

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement/PTO 1449 (or PTO/SB/08a)  
 Copies of citations

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

15.  Certified Copy of Priority Document(s) (if foreign priority is claims)

16.  Non-publication Request under 35 USC 122 (b)(2)(B)(i) (Applicant must attach form  
PTO/SB/35 or its equivalent)

17.  Other

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information  
below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior  
Application No. 09/724,657 filed November 28, 2000.

Prior application information:

Examiner: Ann Y. Lam - Group Art Unit: 3763

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior  
application, from which an oath or declaration is supplied under Box 5b, is considered  
a part of the disclosure of the accompanying continuation or divisional application and  
is hereby incorporated by reference. This incorporation can only be relied upon when  
a portion has been inadvertently omitted from the submitted application parts.

Applicant : Mark C. Doyle  
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19. Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$375.00

A.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665  
 Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665

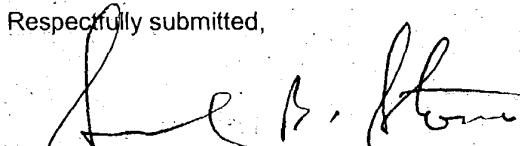
B:  Payment Enclosed  
 Check  Credit Card  Money Order  Other

<b>BASIC FILING FEE:</b>					\$750.00
Total Claims	10	-	20	= 0	x \$18.00 \$0.00
Independent Claims	1	-	3	= 0	x \$84.00 \$0.00
Multiple Dependent Claims	\$280	(if applicable)		<input type="checkbox"/>	\$ 0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>					\$750.00
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.					\$375.00
<input checked="" type="checkbox"/> Assignment -- \$40 (if applicable)		<input type="checkbox"/>			\$0.00
<b>TOTAL FEES SUBMITTED</b>					\$375.00

C.  This application is being filed without fee or Declaration under 37 CFR §1.53.

20. Correspondence Address  
 Customer Number. 34313

Respectfully submitted,

  
Samuel B. Stone  
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Attorney for Applicant

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